

August 15, 2002

Mr. Bert Hollman
New Millennium Building Systems, LLC
6115 County Road 42
Butler, Indiana 46721

Re: 033-16233-00072
First Administrative Amendment to
Part 70 T033-14338-00072

Dear Mr. Hollman:

New Millennium Building Systems, LLC was issued a permit on November 19, 2001 for a stationary welding and surface coating source. A letter requesting a change in mailing address and to change the area code in the phone number. Pursuant to the provisions of 2-7-11 the permit is hereby administratively amended as follows:

A.1 General Information [326 IAC 2-7-4(c)] [326 IAC 2-7-5(15)] [326 IAC 2-7-1(22)]

The Permittee owns and operates stationary welding and surface coating source.

Responsible Official:	Bert Hollman
Source Address:	6115 County Road 42, Butler, Indiana 46721
Mailing Address:	P.O. Box 155, Butler, Indiana 46721 6115 County Road 42, Butler, Indiana 46721
General Source Phone Number:	219 260-868-6000
SIC Code:	3441
County Location:	DeKalb
Source Location Status:	Attainment for all criteria pollutants
Source Status:	Part 70 Permit Program Minor Source, under PSD Rules; Minor Source, Section 112 of the Clean Air Act

New Millennium Building Systems, LLC discontinued the use of P.O. Box 155 and changed the mailing address to 6115 County Road 42, Butler, Indiana 46721. This is the same as the source address. Also due to the recent change in telephone area codes, the source changed from area code 219 to 260. The appropriate pages and reporting forms were updated to reflect the new changes.

All other conditions of the permit shall remain unchanged and in effect. Please attach a copy of this amendment and the following revised permit pages to the front of the original permit.

New Millennium Building Systems, LLC
of 2
Butler, IN 46721

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00072

This decision is subject to the Indiana Administrative Orders and Procedures Act - IC 4-21.5-3-5. If you have any questions on this matter, please contact Gary Freeman, at (800) 451-6027, press 0 and ask for Gary Freeman or extension 3-5334, or dial (317) 233-5334.

Sincerely,

Original signed by
Paul Dubenetzky, Chief
Permits Branch
Office of Air Quality

Attachments: Replacement Pages

PD/gkf

cc: File - DeKalb County
DeKalb County Health Department
Air Compliance Section Inspector - Doyle Houser
Compliance Data Section - Karen Nowak
IDEM Northern Regional Office
Permit Review Section 1 - Gary Freeman
Air Programs - Chet Bohannon

PART 70 OPERATING PERMIT OFFICE OF AIR QUALITY

**New Millennium Building Systems, LLC
6115 County Road 42
Butler, Indiana 46721**

(herein known as the Permittee) is hereby authorized to operate subject to the conditions contained herein, the source described in Section A (Source Summary) of this permit.

This permit is issued in accordance with 326 IAC 2 and 40 CFR Part 70 Appendix A and contains the conditions and provisions specified in 326 IAC 2-7 as required by 42 U.S.C. 7401, et. seq. (Clean Air Act as amended by the 1990 Clean Air Act Amendments), 40 CFR Part 70.6, IC 13-15 and IC 13-17.

Operation Permit No.: T 033-14338-00072	
Issued by: Janet G. McCabe, Assistant Commissioner Office of Air Quality	Issuance Date: November 19, 2001 Expiration Date: November 19, 2006

First Administrative Amendment : 033-16233-00072	Pages Affected: 5, 34, 35, 36, 37, 38 and 39
Issued by: Original signed by Paul Dubenetzky, Branch Chief Office of Air Quality	Issuance Date: August 15, 2002

New Millennium Building Systems, LLC
Butler, Indiana
Permit Reviewer: PMC/MES

First Administrative Amendment 033-16233
Amended by: Gary Freeman

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OP T 033-14338-00072

SECTION A

SOURCE SUMMARY

This permit is based on information requested by the Indiana Department of Environmental Management (IDEM), Office of Air Quality (OAQ). The information describing the source contained in conditions A.1 through A.3 is descriptive information and does not constitute enforceable conditions. However, the Permittee should be aware that a physical change or a change in the method of operation that may render this descriptive information obsolete or inaccurate may trigger requirements for the Permittee to obtain additional permits or seek modification of this permit pursuant to 326 IAC 2, or change other applicable requirements presented in the permit application.

A.1 General Information [326 IAC 2-7-4(c)] [326 IAC 2-7-5(15)] [326 IAC 2-7-1(22)]

The Permittee owns and operates stationary welding and surface coating source.

Responsible Official:	Bert Hollman
Source Address:	6115 County Road 42, Butler, Indiana 46721
Mailing Address:	6115 County Road 42, Butler, Indiana 46721
General Source Phone Number:	260-868-6000
SIC Code:	3441
County Location:	DeKalb
Source Location Status:	Attainment for all criteria pollutants
Source Status:	Part 70 Permit Program Minor Source, under PSD Rules; Minor Source, Section 112 of the Clean Air Act

A.2 Emission Units and Pollution Control Equipment Summary [326 IAC 2-7-4(c)(3)] [326 IAC 2-7-5(15)]

This stationary source consists of the following emission units and pollution control devices:

- (a) One (1) joist line, known as EU-01 Joist Line #1, consisting of one (1) MIG welding pit and one (1) dip coater, exhausted to the atmosphere, capacity: 8.0 tons of steel per hour.
- (b) One (1) joist line, known as EU-02 Joist Line #2, consisting of one (1) MIG welding pit and one (1) dip coater, exhausted to the atmosphere, capacity: 16.0 tons of steel per hour.
- (c) One (1) joist line, known as EU-03 Joist Line #3, consisting of one (1) MIG welding pit and one (1) dip coater, exhausted to the atmosphere, capacity: 16.0 tons of steel per hour.
- (d) One (1) joist line, known as EU-04 Joist Line #4, consisting of one (1) MIG welding pit and one (1) dip coater, exhausted to the atmosphere, capacity: 11.0 tons of steel per hour.
- (e) One (1) bridging line, known as EU-05 Bridging Line, consisting of one (1) MIG welding pit and one (1) dip coater, exhausting to the atmosphere, capacity: 4.0 tons of steel per hour.
- (f) One (1) decking line, known as Decking Line, consisting of three (3) roll coaters, exhausting to the atmosphere, capacity: 28.0 tons of steel per hour.

A.3 Specifically Regulated Insignificant Activities [326 IAC 2-7-1(21)] [326 IAC 2-7-4(c)] [326 IAC 2-7-5(15)]

This stationary source also includes the following insignificant activities which are specifically regulated, as defined in 326 IAC 2-7-1(21):

- (a) Degreasing operations that do not exceed 145 gallons per 12 months, except if subject to 326 IAC 20-6. (326 IAC 8-3-2, 8-3-5)

New Millennium Building Systems, LLC
Butler, Indiana
Permit Reviewer: PMC/MES

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**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE BRANCH**

**PART 70 OPERATING PERMIT
CERTIFICATION**

Source Name: New Millennium Building Systems, LLC
Source Address: 6115 County Road 42, Butler, Indiana 46721
Mailing Address: 6115 County Road 42, Butler, Indiana 46721
Part 70 Permit No.: T 033-14338-00072

This certification shall be included when submitting monitoring, testing reports/results or other documents as required by this permit.

Please check what document is being certified:

- 9 Annual Compliance Certification Letter
- 9 Test Result (specify) _____
- 9 Report (specify) _____
- 9 Notification (specify) _____
- 9 Affidavit (specify) _____
- 9 Other (specify) _____

I certify that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete.

Signature: _____

Printed Name: _____

Title/Position: _____

Phone: _____

Date: _____

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY**

COMPLIANCE BRANCH
100 North Senate Avenue
P.O. Box 6015
Indianapolis, Indiana 46206-6015
Phone: 317-233-5674
Fax: 317-233-5967

**PART 70 OPERATING PERMIT
EMERGENCY OCCURRENCE REPORT**

Source Name: New Millennium Building Systems, LLC
Source Address: 6115 County Road 42, Butler, Indiana 46721
Mailing Address: 6115 County Road 42, Butler, Indiana 46721
Part 70 Permit No.: T 033-14338-00072

This form consists of 2 pages

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- 9** This is an emergency as defined in 326 IAC 2-7-1(12)
- ☐ The Permittee must notify the Office of Air Quality (OAQ), within four (4) business hours (1-800-451-6027 or 317-233-5674, ask for Compliance Section); and
 - ☐ The Permittee must submit notice in writing or by facsimile within two (2) days (Facsimile Number: 317-233-5967), and follow the other requirements of 326 IAC 2-7-16.

If any of the following are not applicable, mark N/A

Facility/Equipment/Operation:

Control Equipment:

Permit Condition or Operation Limitation in Permit:

Description of the Emergency:

Describe the cause of the Emergency:

If any of the following are not applicable, mark N/A

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Date/Time Emergency started:
Date/Time Emergency was corrected:
Was the facility being properly operated at the time of the emergency? Y N Describe:
Type of Pollutants Emitted: TSP, PM-10, SO ₂ , VOC, NO _x , CO, Pb, other:
Estimated amount of pollutant(s) emitted during emergency:
Describe the steps taken to mitigate the problem:
Describe the corrective actions/response steps taken:
Describe the measures taken to minimize emissions:
If applicable, describe the reasons why continued operation of the facilities are necessary to prevent imminent injury to persons, severe damage to equipment, substantial loss of capital investment, or loss of product or raw materials of substantial economic value:

Form Completed by: _____

Title / Position: _____

Date: _____

Phone: _____

A certification is not required for this report.

New Millennium Building Systems, LLC
Butler, Indiana
Permit Reviewer: PMC/MES

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Amended by: Gary Freeman

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**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE BRANCH**

Part 70 Quarterly Report

Source Name: New Millennium Building Systems, LLC
Source Address: 6115 County Road 42, Butler, Indiana 46721
Mailing Address: 6115 County Road 42, Butler, Indiana 46721
Part 70 Permit No.: T 033-14338-00072
Facility: EU-01 through EU-06
Parameter: VOC
Limit: Less than 249.5 tons of VOC per twelve (12) consecutive month period

YEAR: _____

Month	VOC (tons)	VOC (tons)	VOC (tons)
	This Month	Previous 11 Months	12 Month Total

9 No deviation occurred in this month.

9 Deviation/s occurred in this month.

Deviation has been reported on: _____

Submitted by: _____

Title/Position: _____

Signature: _____

Date: _____

Phone: _____

Attach a signed certification to complete this report.

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE BRANCH**

**PART 70 OPERATING PERMIT
QUARTERLY DEVIATION AND COMPLIANCE MONITORING REPORT**

Source Name: New Millennium Building Systems, LLC
Source Address: 6115 County Road 42, Butler, Indiana 46721
Mailing Address: 6115 County Road 42, Butler, Indiana 46721
Part 70 Permit No.: T 033-14338-00072

Months: _____ to _____ Year: _____

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This report is an affirmation that the source has met all the requirements stated in this permit. This report shall be submitted quarterly based on a calendar year. Any deviation from the requirements, the date(s) of each deviation, the probable cause of the deviation, and the response steps taken must be reported. Deviations that are required to be reported by an applicable requirement shall be reported according to the schedule stated in the applicable requirement and do not need to be included in this report. Additional pages may be attached if necessary. If no deviations occurred, please specify in the box marked "No deviations occurred this reporting period".

9 NO DEVIATIONS OCCURRED THIS REPORTING PERIOD.

9 THE FOLLOWING DEVIATIONS OCCURRED THIS REPORTING PERIOD

Permit Requirement (specify permit condition #)

Date of Deviation:

Duration of Deviation:

Number of Deviations:

Probable Cause of Deviation:

Response Steps Taken:

Permit Requirement (specify permit condition #)

Date of Deviation:

Duration of Deviation:

Number of Deviations:

Probable Cause of Deviation:

Response Steps Taken:

Permit Requirement (specify permit condition #)	
Date of Deviation:	Duration of Deviation:
Number of Deviations:	
Probable Cause of Deviation:	
Response Steps Taken:	
Permit Requirement (specify permit condition #)	
Date of Deviation:	Duration of Deviation:
Number of Deviations:	
Probable Cause of Deviation:	
Response Steps Taken:	
Permit Requirement (specify permit condition #)	
Date of Deviation:	Duration of Deviation:
Number of Deviations:	
Probable Cause of Deviation:	
Response Steps Taken:	

9 No deviation occurred in this month.

9 Deviation/s occurred in this month.

Deviation has been reported on: _____

Submitted by: _____

Title/Position: _____

Signature: _____

Date: _____

Phone: _____

Attach a signed certification to complete this report.